

~~SECRET~~
 (When Filled In)

M342000-L

I understand that no change in my employment status or relationship with the United States Government will relieve me of my obligation under this Agreement.

I have been advised of the procedures to follow in order to determine the identity of individuals who have been approved for access to this Project, the current estimate of hazard involved in travel to a foreign area or to resolve any other question which may arise under this Agreement.

PROJECTS*	
JENNIFER (AZORIAN, URALITE, LYRICAL, TAMBOURINE, CROFTON)	
NAME OF WITNESS (Type or Print)	NAME (Type or Print) <i>Clare Boothe Luce</i> Clare Boothe Luce
SIGNATURE OF WITNESS <i>Robert E. Leidenheimer</i>	SIGNATURE
REMARKS	NAME & ADDRESS OF AFFILIATION
PHASE	PFIAB
SOCIAL SECURITY#	
DATE OF BIRTH	DATE <i>1 August 1923</i>
PLACE OF BIRTH	

*The signator should place his initials after each Project name.

SECRET